

Kansas (03-01)
Approved: 05/23/03
effective: 04/01/03

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #03-01	2. STATE: Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.62		7. FEDERAL BUDGET IMPACT a. FFY 2003 \$ 0 b. FFY 2004 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Replacement Page <i>Per Hc Rpt H 4/1/03</i> Attachment 3.1-A, #24a <i>KAC</i> Attachment 3.1-A, #4.b., page 8 <i>Per Hc Rpt H 5/23/03</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Replacement Page Attachment 3.1-A, #24a Attachment 3.1-A, #4.b., page 8 <i>5/23/03 KAC</i>	
10. SUBJECT OF AMENDMENT: Transportation Limitations			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Janet Schalansky is the Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Janet Schalansky</i> <i>SLKH</i>		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 02/24/03		18. DATE APPROVED: <i>MAY 23 2003</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/03		20. SIGNATURE OF REGIONAL OFFICIAL: <i>S. V. Cain</i>	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: Acting ARA for Medicaid & Children's Health	
23. REMARKS: CC: Schalansky Day CO DSG DATA SPA CONTROL Date Submitted: 02/21/03 Date Received: 02/24/03			

KANSAS MEDICAID STATE PLAN

Replacement Page
Attachment 3.1-A
#24 a

Transportation Limitations

Ambulance

1. Medical necessity documentation is required for non-emergency ambulance transportation.
2. Non-emergency ambulance transportation is limited to trips to the nearest appropriate facility from the consumer's place of residence and trips from institution to institution.
3. Wheelchair transportation is not covered as ambulance transportation.

Non-emergency Medical Transportation (NEMT)

1. Prior authorization is required for all "non-commercial," non-emergency medical transportation. Prior authorization is required for "commercial," non-emergency medical transportation that is reimbursed at a "level two" rate, for beneficiaries who are non-ambulatory or have specialized medical equipment which cannot be removed during transit, or are receiving specialized medical treatment resulting in a disabling physical condition.
2. Limitations do not apply to emergency transportation (trips for medical services which cannot be delayed for prior authorization).
3. Non-emergency medical transportation is limited to Medicaid beneficiaries, receiving Medicaid covered services, for medical purposes, and when no other less expensive mode of transportation is available.
4. Payment for waiting time is not allowed.
5. Subsistence (food and lodging) is limited to the beneficiary.
6. See Attachment 3.1-A, #4.b. for transportation service limitations for children under 21 years of age.

MAY 23 2003

TN # 03-01 Approval Date _____ Effective Date 04/01/03 Supersedes #99-10

KANSAS MEDICAID STATE PLAN

**Attachment 3.1-A
#4.b., page 8**

**KAN Be Healthy (Early and Periodic Screening,
Diagnosis and Treatment) Limitations**

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Targeted Case Management Services	Yes	
Extended Services to Pregnant Women	Yes	
Other Pregnancy Related Services	Yes	
Transportation Services	No	Nonambulance transportation is covered with prior authorization for all medical visits. Subsistence (food & lodging) for KBH participant and one attendant.
Nursing Facility Services for Those Under 21	Yes	
Emergency Hospital Services	Yes	
Maternity Center Services	Yes	
Equipment and Supplies	No	Wheelchair purchase more than once every five years.